PART II						
Classroom	Grade	ADM	Teacher	Aide	Number of Rooms This Aide Assist In	Split Section (List Corresponding Class)
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	ST	NA	lpp	ica er	tion	

I hereby certify that, to the best of my knowledge and belief, this report is true and accurate.

Superintendent Name (typed)	Superintendent (signature)		
Telephone Number (Including Area Code)	Date		
Prime Time Contact Person (typed)	Phone Number of Contact Person		

Return to: Office of Financial Management, Count Date: September 14, 2007

Analysis, and Reporting Room 229 State House Indianapolis, IN 46204-2798

Due Date: September 28, 2007